



3

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
98-126US-RE-1/187 P 151

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,015,299, granted January 18, 2000, and for which a reissue patent is sought on the invention entitled Card Edge Connector With Symmetrical Board Contacts

the specification of which

☐ is attached hereto.

☒ was filed on January 17, 2002 as reissue application number 10 /051,925
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

During the preparation and prosecution of Patent No. 6,015,299 the inventors and their attorneys failed to appreciate the full scope of the invention. The errors include reciting: "card" and "edge" in each of claims 6-23; "contact pads" in claims 6 and 16; "elongated slot" or "slot" in claims 6, 12, 13, 14, 15, 16, 22 and 23; and "centerline therealong coinciding with the center of said circuit card when mated" in claims 6 and 16. These recitations arguably could support a claim interpretation which is more restrictive than that to which the patentee is entitled, including the connector must be a card which mates on an edge, the contacts must be pads, a slot must be present, and certain centerlines must coincide.

[PAGE 1 OF 3]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
98-126US-RE-1/187 P 151

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)	Registration Number		
Charles S. Cohen	32,210	Raymond M. Mehler	26,306
Thomas Paulius	30,792	David Lesht	30,472
Louis A. Hecht	26,464	Michael J. McGee	43,789

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

Type Customer Number here



<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>				
Full name of sole or first inventor (given name, family name)				
Alan S. Walse				
Inventor's signature		Date		
		23 AUG 2002		
Residence		Citizenship		
445 Sunset Avenue, LaGrange, IL 60525		U.S.A.		
Mailing Address Same As Above				
Full name of second joint inventor (given name, family name)				
Harold Keith Lang				
Inventor's signature		Date		
		21 Aug 2002		
Residence		Citizenship		
606 Algonquin Road, Fox River Grove, IL 60021		U.S.A.		
Mailing Address Same As Above				
Full name of third joint inventor (given name, family name)				
Augusto P. Panella				
Inventor's signature		Date		
		Aug 21, 2002		
Residence		Citizenship		
2569 Midland Drive, Naperville, IL 60564		U.S.A.		
Mailing Address Same As Above				
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.				

[PAGE 2 OF 3]

BEST AVAILABLE COPY

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 98-126US-RE-1/187 P 151
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Name(s) _____ Registration Number _____</p> <p>_____</p> <p>_____</p>		
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input type="checkbox"/> Customer Number → Place Customer Number Bar Code Label here</p> <p style="text-align: center; margin-top: 5px;">Type Customer Number here</p>		
<input type="checkbox"/> Firm or Individual Name		
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>		
<p>Full name of sole or first inventor (given name, family name)</p> <p>Irvin R. Triner</p>		
Inventor's signature	✓	Date
<i>Irvin R. Triner</i>		8/23/02
Residence	Citizenship	
10 Pine Needles Drive, Lemont, IL 60439	U.S.A.	
<p>Mailing Address</p> <p>Same As Above</p>		
<p>Full name of second joint inventor (given name, family name)</p> <p>Shyh-Lin Tung</p>		
Inventor's signature	✓	Date
<i>[Signature]</i>		27 / AUG / 2002
Residence	Citizenship	
Fl. 13, Rm. 2, No. 78, Sec. 2, An-Ho Rd., Taipei Taiwan	Republic of China	
<p>Mailing Address</p> <p>Same As Above</p>		
<p>Full name of third joint inventor (given name, family name)</p>		
Inventor's signature	Date	
Residence	Citizenship	
<p>Mailing Address</p>		
<p><input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.</p>		